

PERSONAL INFORMATION CHANGE REQUEST

Use blue or black pen to complete this form.

ABC Company

199999-01

Participant Information – Provide name/social security number as it currently appears on your account.

Last Name	First Name	MI	Social Security Number
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			Account Extension (if applicable)
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Name Change – Attach copy of marriage certificate or divorce decree.

Last Name	First Name	MI
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Personal Information Correction/Change

Mo Day Year

Date of Birth

Married Unmarried

Female Male

Social Security Number

Attach copy of birth certificate.

Attach copy of social security card.

Address and Phone Number Change

Address – Number & Street

City

State

Zip Code

Home Phone

Work Phone

E-Mail Address

Required Signature

I affirm that the information that I have provided on this form is true and correct.

Participant Signature

Date

Participant forward to Service Provider at:
BenefitsCorp, Inc./Great-West
P.O. Box 173764, Denver, CO 80217-3764
Express Address:
8515 E. Orchard Road, Greenwood Village, CO 80111
Phone#: 1-800-701-8255 **Fax#:** 1-303-737-5180

